



e-Coastlines

September - October 2009

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President's Message

Greetings fellow CLIMBERS!!

Here we go for a moment of truth..... have you completed your pledge to be a change agent as an HIM professional and improve the delivery of healthcare for everyone?



The theme this year is **"Climbing to new Heights... Forging pathways to the future"**.

Remember Sir Edmond Hillary, who conquered Mt Everest when it was thought to be impossible. Unbelievable this "impossible" journey has now come to symbolize courage and human achievement. Climbing epitomizes the concept of 'must do' in life. In the extreme environment of the New Zealand Alps there is no room for just a can do attitude.

As President of FHIMA, this is the same mind-set I have for us as an Association. Facing the unknown and difficult challenges is nothing new to us in HIM. We are planning to

continue to raise the bar and make sure we give all of our members the resources, skills, tools, wisdom, knowledge and confidence to be successful during these difficult and uncertain times. For our association to strengthen

We must;

- Aspire to create innovative ways to educate our members and enhance the annual meeting.
- Listening to you and meeting your needs and expectations.
- Develop new leaders and encourage early participation from our students.
- Leverage relationships with other professional organizations to create strategic partnerships.
- Maintain our legislative momentum.

As more people recognize our expertise, we gain value and strength as individuals and professionals in our own organizations. Now is the time for each member to be active part of change. I believe we can be a driving force in molding and forming the future of health information.

Ask yourselves these questions...

Are you involved in your regional associations and supporting students?

Are you letting reaching out to local law makers?

Are you educating those in your organization about HIM's role in the future of healthcare?

By staying involved and harnessing your passion and determination, you will shape yourself into a powerful force. I have been inspired by so many HIM professionals and believe in your ability to make a difference. With each new goal you conquer, you will reveal to yourself the infinite power inside you.

What is your Everest? What is your highest vision? What is your biggest goal? There is a force in you waiting to be awakened. I know you can reach the summit!

Kimberly Eichner MBA, RHIA
FHIMA President

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FHIMA News

Congratulations to the 2009-2010 FHIMA Board of Directors!

On Tuesday, July 14, 2009, the 2009/2010 Board of Directors were installed at the Annual Membership Luncheon. The new officers are:

President

Kimberly Eichner, MBA, RHIA

President-Elect

Tanya Kuehnast, MA, RHIA, CHPS

Past President/Director

Dwan Thomas-Flowers, MBA, RHIA, CCS

Directors

Lisa Libby, RHIA, CCS

Dean Ritchey, RHIA

Barbara Bermudez, RHIT

Diana Alberts, RHIA

Alice Noblin, MBA, RHIA, CCS

Martin Smith, M.Ed., RHIT, CCA

Chief Delegate

Anita Doupnik, RHIA

Executive Director

Carolyn Glavan, MS, RHIA

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FHIMA Announces 2009 Service Award Winners!

Congratulations to our deserving winners!

Distinguished Member – Stacie Buck, RHIA, CCS-P, RCC, CIC

Outstanding New Professional – Julie McCall, RHIT
Outstanding Professional – Lynn Jacek, RHIT

Outstanding Professional – Celina Gamble, BS, RHIA

Educator Award—Eudelia “Skip” Thomas, MS, RHIA
Mentor Award—Monica Hardy, EdD, RHIA

Outstanding Student – Janine Vance

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Congratulations to the 2009 FHIMA Scholarship Recipients

HIM Programs

Shana Lynn Baughman
Polk Community College, HIT Program

Valerie Ann McCleary
The College of St. Scholastica, Graduate Program

Alice Noblin
University of Central Florida, Graduate Program

Charlotte Stockton Memorial Scholarship

Marie Valeri
Kaplan University, Coding Certificate Program

Thanks to the following who contributed to the scholarship funds this year.

Gulf Coast Health Information Management Association
Health Information Support Services
Northwest Health Information Management Association
OSi (Outsourcing Solutions, Inc.), LLC
Panhandle Health Information Management Association
Pyramid Healthcare Solutions
South Florida Health Information Management Association
Southwest Florida Health Information Management Association
Suncoast Health Information Management Association

FHIMA 2009 Scholarship Contributors for Charlotte Stockton Memorial Scholarship

Professional Outsourcing, Inc.
Stat Solutions, Inc.

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FHIMA’s 22nd House of Delegate Summary

Tanya R. Kuehnast, MA, RHIA, CHPS
President-Elect

On July 13, 2009 delegates representing 9 regions around the state convened at the Omni Champions Gate Resort in Orlando. The Delegates engaged in lively discussion surrounding topics that have significant impacts to the future of our profession.

Issue Forum #1 ICD-10

Facilitators: Lisa Libby/ Diana Spaulding

ICD-10 will create an increased demand for the workforce and will require training. Delegates provided

recommendations for FHIMA's role for assisting members in the transition to ICD-10.

- Provide workshops on the basics.
- Create certificate programs geared toward physicians.
- Develop scripting for schools.
- Communicate to the physician arena and stress the importance of improved documentation.
- Research stimulus funding to update software.
- AHIMA Virtual labs are too expensive for most educational institutions to afford.
- Current coding guidelines are inconsistent. Advocate for consistent and complete coding guidelines for ICD-10. Advocate for consistencies among regulatory agencies.
- As a membership we should become generators of change versus responders of change.
- Buy in from Directors to support coding internships.
- The cost travel and registration to attend AOE and the ICD-10 training institute are cost prohibited for most schools.

Issue Forum #2 American Recovery and reinvestment Act (ARRA)

Facilitators: Anita Doupnik/Lori Langley

The facilitators provided an overview of ARRA and the impact to the HIM profession. Articles relating to ARRA were distributed to all of the Delegates. The Delegates provided recommendations surrounding the topic.

- Educators requested having voice within FHIMA. A Bridging the Gap forum was provided at the annual convention. Other avenues for Educators to have a voice will be explored.
- Creation of an ARRA task force.
- Research educational funding for medical informatics and ICD-10

Issue Forum #3-Leadership Succession Planning

Facilitators: Kelly Wilson/Stacie Buck

Leadership succession planning is crucial for the success and future of our organization. FHIMA is committed to developing a plan to recruit energetic leaders. Delegates provided recommendations for the recruitment of volunteers as well as discussed barriers that may prevent individuals from volunteering. The following recommendations/comments were brought forward:

- Work with local schools/colleges to recruit volunteers.
- Many individuals do not volunteer due to the uncertainty of time commitments and position duties. All volunteer positions are posted on the FHIMA website. The position descriptions include the estimated time commitments and a detail of the duties.
- Meeting rotation within the regional associations was recommended in order to grow membership and attract future volunteers.
- Do we look beyond our own inner circle of colleagues for volunteers?

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Articles

Technology and HIM Service Opportunities

By: Brett Parent, President and CEO, Automated Document Solutions (ADS)

The world of Health Information Management has taken on a new look in the last few years. As advancements in Healthcare IT expand and technology becomes more pervasive we're seeing many new opportunities to improve care, enhance operational efficiencies and reduce costs. HIM professionals are presented with the chance to re-focus on the areas of our business that are fundamental to driving value for patients and our individual organizations. With these changes and the requirement to truly become "information managers", an abundance of opportunities have presented themselves in the form of defining new internal operational processes as well as new outsourcing opportunities. However, with this new way of doing things, challenges have arisen as well. The need for accurately and easily tracking performance of internal staff and external vendors has become a critical need.

Technology and technology related service implementations have become increasingly complex and costly. To offset these challenges, the industry has begun to explore outsourcing core clinical and financial applications and is beginning to take advantage of outsourcing mission-critical services. This certainly creates value for organizations and in many cases allows them to attain goals they may not have had the resources or expertise to carry out otherwise. The results of process improvement with the help of healthcare IT will save money and will allow staff to accomplish more while doing it quicker and more accurately.

In today's ultra-competitive environment, Health Information Managers should seek out technologies and solutions

that offer the capability to dramatically improve the patient experience while easing staff burden, reducing operating costs, streamlining existing business processes, and providing a very rapid return on investment. Any vendor worth considering should be able to easily walk you through a detailed assessment of the current state of your organization and the expected results of implementing their services or solutions. You should consider solutions that employ the use of technology to automate workflow and create substantial savings with little effort. It's also important to remember that automating manual tasks saves hospitals massive amounts of valuable time, and rather than eliminating positions, hospitals can redirect employees to tasks that require judgment and human interaction.

Finally, when considering outsourced solutions, there are a few primary points to keep in mind:

- Ensure you or your vendor has the capability of tracking and reporting on performance in a very detailed and automated fashion.
- Ensure that both the outsource partner and the client have the same understanding of what defines success.
- Ensure security and privacy needs regarding access and compliance to federal, state and local regulations are a priority.
- Work diligently to establish solidarity between you and your vendor.
- Proactively manage the relationship.
- Benchmarks should be established and tracked to ensure goals are being met. Ensure the vendor provides complete transparency into their process so you can audit performance.

With many new technologies and services at the fingertips of HIM personnel, you must be prepared to conduct the proper assessments of vendors and their services, but after the decisions are made be certain to embrace the new opportunities presented to you. HIM personnel who choose to see the long-term benefits of these changes will be rewarded with cost savings as well as efficiency and productivity gains that new technology and the new way of operating will bring.

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ARRA and the HITECH Act Challenges Medical Transcription Businesses and other Business Associates

By: Brenda J. Hurley, CMT, AHDI-F

The American Recovery and Reinvestment Act (ARRA) and its Title XIII called the HITECH (Health Information Technology for Economic and Clinical Health) Act greatly expand on HIPAA compliance requirements. ARRA has introduced the first federally mandated data breach notification requirement and HITECH has expanded the data privacy and security requirements that had been required previously by Covered Entities now to Business Associates (i.e., MT services). Business Associates will also be subject to civil and criminal penalties, including a provision that allows individuals to receive financial compensation for a violation of their information.

The HITECH Act requires that HIPAA-covered entities notify the Secretary of Health and Human Services (HHS) and affected individuals when their protected information has been compromised. Notice must be given to the individuals whose data has been affected without any unreasonable delay and no later than 60 days after the breach has occurred (state laws such as California have less time allowed). If the breach involves more than 500 people, the major media outlets have to be notified. Of note, 44 states (as well as Washington, D.C. and Puerto Rico) currently have their own individual privacy laws enacted.

Enforcement under this new federal law has new teeth. Here is a summary:

- The new law clarifies that employees or other individuals of the workforce are subject to civil penalties.
- Requires HHS to formally investigate any complaints and impose civil penalties for violation of rules due to "willful" neglect.
- Requires that any civil monetary penalty or settlement amount as a result of a privacy or security rule violation be transferred to the Office for Civil Rights to be used for enforcement of the HIPAA privacy and security rules.
- Establishes a tiered system of civil monetary penalties ranging from \$100 for unknowing violations up to \$50,000 for each violation due to willful neglect. The Secretary of HHS determines the amount of penalty for the violation.
- Requires the Secretary of HHS to conduct periodic audits to ensure covered entity and business associate compliance with new rules.
- Gives the State Attorneys General the authority to bring suit in district courts for any person violating the rules on behalf of state residents.

New federal standards also require that encryption be used for all individually identifying data stored and transmitted. Some state laws already require that encryption be used.

Areas of special potential risk for MT services:

- Large amount of data generated, transmitted and stored.
 - Data centers
 - Access
 - Security practices
 - Report distribution to multiple locations for clients

- Fax
- Remote printing
- Email
- Electronic transmission
- Laptops and other portable media
 - Theft
 - Misplaced/Lost
 - Security practices
- Off-site storage
 - Security practices
- Home-based workforce
 - Employees
 - Training and proof of it
 - Security practices
 - PHI on their PC
 - Contractors
 - Training and proof of it
 - Security practices
 - PHI on their PC
- Network
 - Remote accesses for workforce
 - Security practices
 - Remote accesses for clients
 - Security practices

There is no requirement to execute totally new Business Associate Agreements for clients who have current service agreements. An amendment can be crafted with language consistent with the new Business Associate requirements then executed for those clients. The option does exist, however, to forego an amendment and instead execute all new Business Associate Agreements for current as well as new clients.

As if the above is not enough, under this new law it is now the legal obligation of the Business Associate (the MT service) to take reasonable steps to try to stop any violations by their clients (the Covered Entity). If resolution does not occur, the business associate must report their Covered Entity to HHS. This "policing" is equal for both parties; the Covered Entity and Business Associate are both equally required by law to report violations by either party to HHS.

Here are a few more compliance challenges for Business Associates coming with this new federal law:

- A security official is required. This person does not need to be a member of the workforce, it can be a consultant or contracted individual.
- Individual patients can go to Business Associates (i.e., MT services) for an accounting of their disclosures. This was only done by Covered Entities in the past. The Business Associate can charge a reasonable fee for copies provided to the individual. Written policy and processes need to be in place to accommodate this new requirement.
- An audit trail is required for access of the data and must show what was done with the data and by whom. In the past this was not required for functions related to transcription, quality reviews, training, etc., but it will be required with this new law.
- Control of remote workforce to assure that security requirements are followed.
- Encryption of all data – both during transmission and when in storage. This was not required in the past although most MT services have been using encryption with transmission, the new requirement of encryption for stored data will now be needed.
- Conduct an accurate and thorough security risk analysis. This documentation must be available to provide to investigators if ever needed. Once completed - establish, implement, and develop written P&Ps for each of these areas.

It is time to get busy as the penalties and enforcement of these new rules begin on February 17, 2010. The penalties are greatly increased in fees charged and expanded in legal accountability for both the company (the Business Associate) and for the individual members of their workforce.

Some people call this new law HIPAA v.2; I call it HIPAA on steroids!

Brenda J. Hurley, CMT, AHDI-F, is a consultant in the MT industry. She can be reached at bjhurley@aol.com.

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Using modifier 50 and add-on codes for facet joint injection services

This is a summary of the article from MLN Matters. Link to entire article: [MM6518](#) .

The Office of the Inspector General (OIG) recently conducted a medical record review of facet joint injection services

performed in 2006 and found that physicians incorrectly billed additional add-on codes to represent bilateral facet joint injections instead of using modifier 50.

This article clarifies the appropriate use of modifier 50 and add-on codes for facet joint injection services.

- Physicians who perform facet joint injections on both the right and left sides of one level of the spine must use modifier 50 with the appropriate CPT codes when submitting claims.
- Physicians who perform facet joint injections on multiple levels on the same side of the spine must use the CPT add-on codes to represent these additional levels injected, instead of using modifier 50.

Source: http://medicare.fcso.com/Billing_and_coverage/

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ICD-10-Clinical Modification/Procedure Coding System publications

The following ICD-10-CM/PCS publications are available from the Centers for Medicare & Medicaid Services Medicare Learning Network:

ICD-10-CM/PCS Myths & Facts (June 2009) -- presents correct information in response to some myths regarding the ICD-10-Clinical Modification/Procedure Coding System, is now available in print format. To place your order, visit <http://www.cms.hhs.gov/MLNGenInfo/> , scroll down to "Related Links Inside CMS" and select "MLN Product Ordering Page."

ICD-10-CM-PCS Bookmark (revised August 2009) -- provides information about the ICD-10-Clinical Modification/Procedure Coding System including the benefits of adopting the coding system, recommended steps to be taken in order to plan and prepare for implementation of the coding system, and where additional information about the coding system may be found, is now available in downloadable format at

<http://www.cms.hhs.gov/MLNProducts/downloads/ICD-10ClinModBookmrk.pdf> .

Source: http://medicare.fcso.com/Billing_and_coverage/

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CMS seeks experts for developing measures about transitions of care

Nominations accepted through August 21, 2009

The Centers for Medicare & Medicaid Services (CMS) is seeking a technical expert panel (TEP) to provide input for the development of the care transitions measures. We are specifically working to develop a community all-cause 30-day re-hospitalization measure and a measure of physician follow-up after hospitalization.

A TEP is a group of stakeholders and experts who provide input to the measure contractor on the development, selection, and maintenance of measures for which the contractor is responsible. Convening the TEP is one important step in the measure development or reevaluation process that ensures transparency and allows an opportunity to obtain balanced, multi-stakeholders input.

Recognized experts in the relevant fields including clinicians, statisticians, quality improvement experts, methodologists, and pertinent measure developers are being recruited to provide input on the measures under development. TEP members are chosen to provide input based on their personal experience and training. The TEP is chosen to represent a diversity of perspectives and backgrounds.

Visit <https://www.cms.hhs.gov/apps/QMIS/CallforTEP.asp> for details and to download the nominations form. CMS will accept nominations through Friday, August 21, 2009.

Please share this message with anyone else you think may be interested in serving on the TEP for these measures.

Source: http://medicare.fcso.com/Billing_and_coverage/

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August is Immunization Awareness Month

The Centers for Medicare & Medicaid Services (CMS) is asking the provider community to keep their patients with Medicare healthy by encouraging them to take advantage of Medicare-covered vaccines. Medicare provides coverage for seasonal influenza, pneumococcal, and hepatitis B vaccines for qualified beneficiaries.

What can you do?

As a health care professional who provides care to seniors and others with Medicare, you can help protect the health of your Medicare patients by educating them about their risk factors and reminding them of the importance of getting vaccinations that are appropriate for them.

For more information

CMS has developed several educational products related to Medicare-covered immunization services:

- The MLN Preventive Services Educational Products Web Page -- provides descriptions and ordering information for Medicare Learning Network (MLN) preventive services educational products, including Medicare-covered adult immunizations, and resources for health care professionals and their staff.
http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp
- Quick Reference Information: Medicare Part B Immunization Billing -- a double-sided chart that provides coverage and coding information on Medicare-covered immunizations.
http://www.cms.hhs.gov/MLNProducts/downloads/qr_immun_bill.pdf
- Quick Reference Information: Medicare Preventive Services -- a double-sided chart that provides coverage and coding information on Medicare-covered preventive services, including immunizations.
http://www.cms.hhs.gov/MLNProducts/downloads/MPS_QuickReferenceChart_1.pdf
- Adult Immunizations brochure -- this brochure provides information on risk factors and coverage for the season influenza, pneumococcal, and hepatitis B vaccines.
http://www.cms.hhs.gov/MLNProducts/downloads/adult_immunization.pdf

Please visit the Medicare Learning Network for more information on these and other Medicare fee-for-service educational products.

Source: http://medicare.fcso.com/Billing_and_coverage/

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Reason code 32511 setting in error on certain claims

CMS change request (CR) 6330 -- Clarification on Use of National Drug Codes (NDCs) in 837I Billing -- was effective July 1, 2009. Since that time, it has been discovered that reason code 32511 is being set in error on certain claims

32511 -- Type of bill is equal to 12X or 13X, pricing indicator = Y, HCPC C9399 is present but all NDC information is not present. NDC, quantity qualifier and quantity must be present or Type of bill is not 12X or 13X and all NDC information is not present. If NDC information is included on the claim the NDC, quantity qualifier and quantity must be present.

The Centers for Medicare & Medicaid Services (CMS) is aware of this national problem and a solution is being developed. Additional information will be posted to this Web site as it becomes available. First Coast Service Options Inc. (FCSO) apologizes for any inconvenience this issue may cause.

Source: http://medicare.fcso.com/Billing_and_coverage/

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Use of CR modifier and DR condition code on disaster/emergency-related claims

This is a summary of the article from MLN Matters. Link to entire article: [MM6451](#) .

This article is based on change request (CR) 6451, which updates claim processing requirements for the use of condition codes and modifiers on Medicare fee-for-service claims when the furnishing of an item or service to a Medicare beneficiary was affected by a disaster or other general public emergency.

A new chapter has been added to the Medicare Claims Processing Manual dedicated to standing policies and procedures applicable to disasters and other public emergencies.

The DR condition code is used only for institutional billing to identify claims that are or may be impacted by specific payer/health plan policies related to a national or regional disaster.

The CR modifier is used in relation to Part B items and services for both institutional and non-institutional billing. Use of the CR modifier will be mandatory for applicable codes on any claim for which Medicare Part B payment is conditioned directly or indirectly on the presence of a "formal waiver."

A "formal waiver" is a waiver of a program requirement that otherwise would apply by statute or regulation.

In the event of a disaster or emergency, CMS will issue specific guidance to Medicare contractors.

Source: http://medicare.fcso.com/Billing_and_coverage/

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AHIMA News

HHS, FTC Publish Breach Notification Rules

The Department of Health and Human Services and the Federal Trade Commission published their expected breach notification rules in the *Federal Register* earlier this week—HHS on August 24, and the FTC on August 25. The rules require healthcare and related entities to notify consumers when the security of their individually identifiable health information has been breached. Both rules were required by the HITECH section of the American Recovery and Reinvestment Act signed into law this past February. The HHS interim breach notification rule applies to HIPAA covered entities and business associates. It takes effect September 23, and organizations have 180 days to come into full compliance. The FTC rule applies to entities not covered by HIPAA, primarily vendors of personal health records. The rule is effective September 24, with full compliance required by February 22, 2010.

HHS did not publish a proposed rule in advance, instead soliciting comments on the interim final rule. Comments related to the information collection requirements are due on or before September 8. Comments on all of the provisions are due on or before October 23. Both rules add significant clarity to the ARRA legislation, but for the most part they follow the outlines provided in the act. Instructions on how to comment on the HHS interim rules as well as the full text of the interim final rule can be found in the [August 24 Federal Register](#). The FTC final rule can be found in the [August 25 Federal Register](#).

Read more about the rules on the [Journal of AHIMA Web site](#). AHIMA offers [resources](#) to assist with the breach notification requirements. Look for an analysis of both rules on the AHIMA site in the next week, as well as AHIMA's comments.

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AHIMA Submits Comments on Hospital Outpatient PPS Rule

AHIMA submitted comments to the Centers for Medicare and Medicaid Services (CMS) on the proposed changes to the Medicare Hospital Outpatient Prospective Payment System (OPPS) and calendar year 2010 payment rates, as published in the July 20 *Federal Register*. AHIMA urged CMS to promulgate national visit guidelines for clinic and emergency department visits, as the use of hospital-specific internal coding guidelines is contrary to government and industry goals of data uniformity and consistency. The association also recommended that the distinction between new and established patients under the OPPS should be eliminated. CMS is also encouraged to select and implement quality measures that have been endorsed by the National Quality Forum. [Read AHIMA's response to CMS.](#)

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Biden Announces Nearly \$1.2 Billion in Grants to Help Hospitals, Doctors Use EHRs

Last week, Vice President Joe Biden announced the availability of grants worth nearly \$1.2 billion to help hospitals and healthcare providers implement and use electronic health records (EHRs). The grants will be funded by the American Recovery and Reinvestment Act of 2009 (ARRA) and will help healthcare providers qualify for new incentives that will be made available in 2010 to doctors and hospitals that meaningfully use electronic health records. [Read more.](#)

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ONC Announces Funding Opportunity for Regional Extension Centers

During a press conference following Vice President Biden's remarks, David Blumenthal, MD, MPP, National Coordinator for Health Information Technology announced the availability of approximately \$600 million in grant funding to support the creation of 70 health information technology regional extension centers. The purpose of the regional centers is to furnish assistance (defined as education, outreach, and technical assistance) to help providers in their geographic service areas select, successfully implement, and meaningfully use certified electronic health

record technology to improve the quality and value of healthcare. Regional centers will also help providers achieve, through appropriate available infrastructures, exchange of health information in compliance with applicable statutory and regulatory requirements, and patient preferences.

These grants will be awarded in three application cycles waves in fiscal 2010 beginning with the first phase preliminary applications due September 8. [Learn more](#) about the regional centers and obtain a copy of the funding opportunity.

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HHS Secretary Announces \$25.7 Million in Grants to Expand, Improve Health Center Services

Health and Human Services Secretary Kathleen Sebelius this week announced more than \$25.7 million in grants to increase and improve health and support services at the nation's health centers. Overseen by the Health Resources and Services Administration (HRSA) at HHS, the health center system served more than 17 million medically underserved people in 2008, up from 10 million patients served in 2001. Since the economic downturn began, the health center patient population has grown by another one million people—a third of them children. By law, patients are accepted regardless of their ability to pay.

A total of 180 grants worth more than \$21.9 million will give existing health centers the funds to add or increase mental health/substance abuse, enabling (outreach, transportation, and case management services), oral health, or pharmacy services. Additionally, 48 planning grants totaling more than \$3.8 million will be distributed to organizations in hard-hit areas that do not have health centers to help them develop new service delivery sites. New health center sites must meet federal requirements for governance, community involvement, quality of care and financial feasibility.

HRSA's [Health Center Program](#) funds a national network of more than 1,100 community, migrant, homeless and public housing health center grantees. These organizations provide healthcare at more than 7,500 clinical sites, ranging from large medical facilities to mobile vans. In FY 2009, more than \$2.1 billion was appropriated to support the Health Center Program.

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HIT Standards Committee Approves SNOMED CT for 2015

The federal advisory panel on health IT standards has approved refined recommendations on how providers may electronically record a physician's observations to qualify for federal recovery bonuses. The HIT standards committee endorsed recommendations to call for SNOMED CT for physician's clinical observations by 2015 to receive the incentive payments. In 2010, providers must use ICD-9 or SNOMED CT to qualify, and in 2013 they must use ICD-10 or SNOMED CT for reporting quality measures. The recommendations (along with others the committee approved in late August) will be used by the Centers for Medicare and Medicaid Services to develop the "meaningful use" regulation with which providers must comply to qualify for bonuses by 2011.

According to Jodi Daniel, JD, MPH, director of the Office of Policy and Research in the Office of the National Coordinator for Health Information Technology (ONC), both the ONC and CMS will "strongly consider" the recommendations made by the HIT standards committee. In December, the ONC will issue a rule on certification and standards, while CMS will issue a final rule on how providers can qualify for bonuses under the economic recovery law. CMS will take comments after the rule is published, but is not bound to make any changes to the rule based on them, Daniel said. [Read a copy of the recommendations.](#)

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AHIMA Announces \$600M in Grant Funding for HIT Regional Extension Centers

During a press conference last week, Dr. David Blumenthal, National Coordinator for Health Information Technology announced the availability of approximately \$600M in grant funding to support creating about 70 Health Information Technology Regional Extension Centers. The purpose of the Regional Centers is to furnish assistance, defined as education, outreach, and technical assistance, to help providers in their geographic service areas select, successfully implement, and meaningfully use certified EHR technology to improve the quality and value of health care. Regional Centers will also help providers achieve, through appropriate available infrastructures, exchange of health information in compliance with applicable statutory and regulatory requirements, and patient preferences.

These grants will be awarded in three application cycles waves in fiscal 2010 beginning with the first phase preliminary applications due September 8, 2009. To learn more about the Regional Centers and to obtain a copy of the funding opportunity, go to http://healthit.hhs.gov/portal/server.pt?open=512&objID=1335&parentname=CommunityPage&parentid=47&mode=2&in_hi_userid=11113&cached=true#3

Quote for Inspiration

“Nothing great has been and nothing great can be accomplished without passion”

----- G.W.F. Hegel



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